

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Dermatology Association Political Action Committee (SkinPAC)

ADDRESS (number and street) ▼

1445 New York Avenue NW

Ste 800

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00359539

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

in the
State of

M M M / D D D / Y Y Y Y Y Y

(d) 30-Day

POST-Election

Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

in the
State of

M M M / D D D / Y Y Y Y Y Y

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2014M M M / D D D / Y Y Y Y Y Y
04 01 2014M M M / D D D / Y Y Y Y Y Y
04 01 2014

through

M M M / D D D / Y Y Y Y Y Y
04 30 2014M M M / D D D / Y Y Y Y Y Y
04 30 2014M M M / D D D / Y Y Y Y Y Y
04 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Debnar

Signature of Treasurer

Steven Debnar

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
05 14 2014M M M / D D D / Y Y Y Y Y Y
05 14 2014M M M / D D D / Y Y Y Y Y Y
05 14 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y Y 04 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		202587.02
(b) Cash on Hand at Beginning of Reporting Period.....	251176.64	
(c) Total Receipts (from Line 19)	47108.40	355601.19
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	298285.04	558188.21
7. Total Disbursements (from Line 31)	48320.79	308223.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	249964.25	249964.25
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 04 / 01 / 2014

To:

 M M / D D / Y Y Y Y
 04 / 30 / 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

39296.66

331203.65

(ii) Unitemized

7811.74

24397.54

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

47108.40

355601.19

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

47108.40

355601.19

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

47108.40

355601.19

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

47108.40

355601.19

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1820.79	7223.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1820.79	7223.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46500.00	274000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	27000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	48320.79	308223.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48320.79	308223.96

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	47108.40	355601.19
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47108.40	355601.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1820.79	7223.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1820.79	7223.96

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 41
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Jeffrey S. AltmanMailing Address 1100 W Central Rd
Ste 200

City	State	Zip Code
Arlington Heights	IL	60005-2465

FEC ID number of contributing
federal political committee.

C

Name of Employer

Altman Dermatology Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	28	/	2014

Transaction ID : C16F15B3-36DD-4AA7-

Amount of Each Receipt this Period

251.00

Full Name (Last, First, Middle Initial)

B. Lisa L. Anderson

Mailing Address 1417 Harmony Ln

City	State	Zip Code
Annapolis	MD	21409-5720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dermatology and Advanced Skin Care

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	24	/	2014

Transaction ID : DD1E146F9CAAC1C7FC3

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. James Henry Auerbach

Mailing Address 21 A Sudeste Place

City	State	Zip Code
Santa Fe	NM	87508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	01	/	2014

Transaction ID : ACE2746FD8E1C9E3FFE

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

866.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. David S. Becker

Mailing Address 150 Nassau St

City
New York

State
NY

Zip Code
10038-1529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

04 / 28 / 2014

Transaction ID : B7055B13F2EFEB91691

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Jaye E. Benjamin

Mailing Address 2450 Snowberry Ln

City
Pepper Pike

State
OH

Zip Code
44124-4334

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 01 / 2014

Transaction ID : 52DDA9FAA880E2F6AFC

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Scott D. Bennion

Mailing Address 2800 Garden Creek Rd

City
Casper

State
WY

Zip Code
82601-6600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Wyoming Skin Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2020.00

Date of Receipt

04 / 07 / 2014

Transaction ID : 13B53EC18FB4243346D

Amount of Each Receipt this Period

1020.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2020.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Timothy G. Berger

Mailing Address 27 Via Capistrano

City

Tiburon

State

CA

Zip Code

94920-2030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of California

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 28 / 2014

Transaction ID : 0BA0309981E58539A97

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David E. Bertler

Mailing Address 660 Maple View Ct

City

Oneida

State

WI

Zip Code

54155-9276

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dermatology Associates of Wisconsin, S

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

04 / 28 / 2014

Transaction ID : EDF1DA096763310B2C8

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Neal D. Bhatia

Mailing Address 9025 Balboa Ave
Ste 105

City

San Diego

State

CA

Zip Code

92123-1523

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harbor UCLA Medical Center

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

04 / 01 / 2014

Transaction ID : BCB87265-03C2-4F96-

Amount of Each Receipt this Period

1001.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3001.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Charles J. Brown

Mailing Address 2310 Randolph

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 01 / 2014

Transaction ID : 279421F35FBB52EBDA5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Clarence William Brown Jr.

Mailing Address 156 W Superior St

City State Zip Code
 Chicago IL 60654-8764

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Univ Dermatology

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : 639526C3D3BD017FBC2

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Cheryl M. Burgess

Mailing Address 2311 M St. NW, Suite 504

City State Zip Code
 Washington DC 20037

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Center for Dermatology and Dermatologi

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 01 / 2014

Transaction ID : 5A39154EBCBC11461A9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

850.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Steven Mark Burnett

Mailing Address 1545 Mound Street

City

Sarasota

State

FL

Zip Code

34236-7787

FEC ID number of contributing
federal political committee.

C

Name of Employer

Burnett Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 21 / 2014

Transaction ID : E4C89AC1D5E53B5A348

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Sarah Cash

Mailing Address 6409 Dawnmist Ln

City

Charlotte

State

NC

Zip Code

28269-0800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dermatology Group of the Carolinas

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 14 / 2014

Transaction ID : 815B016EA3A5300577D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Roger I. Ceilley

Mailing Address 6000 University Ave.
Suite 450

City

West Des Moines

State

IA

Zip Code

50266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dermatology, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

04 / 01 / 2014

Transaction ID : A84A3EC9629CB0F8334

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Clay J. Cockerell

Mailing Address 4312 Arcady Ave

City
Dallas

State
TX

Zip Code
75205-3704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cockerell Dermatopathology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 07 / 2014

Transaction ID : 8593761A96C6F0A9C1B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jack B. Cohen

Mailing Address 1403 Rainbow St

City
Southlake

State
TX

Zip Code
76092-8863

FEC ID number of contributing
federal political committee.

C

Name of Employer

Keller Dermatology, PA

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 01 / 2014

Transaction ID : FC82675BDCED475604

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Joel Lee Cohen

Mailing Address 499 E. Hampden Avenue
Suite 450

City
Englewood

State
CO

Zip Code
80113-3878

FEC ID number of contributing
federal political committee.

C

Name of Employer

AboutSkin Dermatology

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 07 / 2014

Transaction ID : 2C76859B6C553BAA7F5

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Brett M. Coldiron

Mailing Address 1105 River Hill Dr

City

Covington

State

KY

Zip Code

41011-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Skin Cancer Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

04 / 07 / 2014

Transaction ID : CEE6C4493BE575D155B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William F. Cosulich

Mailing Address 19 Heron Dr

City

Marlboro

State

NJ

Zip Code

07746-1904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 18 / 2014

Transaction ID : ADB4F273F0239667688

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Natalie M. Curcio

Mailing Address 2041 Overhill Dr
Apt 202

City

Nashville

State

TN

Zip Code

37215-3455

FEC ID number of contributing
federal political committee.

C

Name of Employer

Curcio Dermatology, P.C.

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 27 / 2014

Transaction ID : BAC1E7AC-A0D2-4805-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Jeanine B. Downie

Mailing Address 51 Park Street

City

Montclair

State

NJ

Zip Code

07042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Image Dermatology P.C.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

04 / 07 / 2014

Transaction ID : 7BE5C53EB1EE1551830

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Michele E. Gasiorowski

Mailing Address 40 W. Elm Street

City

Greenwich

State

CT

Zip Code

06830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 28 / 2014

Transaction ID : 712405DEB8A932A1C9C

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Howard S. Goldberg

Mailing Address 9 Goodwins Ct

Apt 6

City

Marblehead

State

MA

Zip Code

01945-3583

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

04 / 16 / 2014

Transaction ID : 569A1096D39DAC5579C

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Jane Margaret Grant-Kels

Mailing Address 21 South Rd

Dept of

City

Farmington

State

CT

Zip Code

06032-2482

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Connecticut Health Center

Occupation

Dermatologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 23 / 2014

Transaction ID : B3244FE9-BA32-43FE-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Karyn L. Grossman

Mailing Address 611 22nd St

City

Santa Monica

State

CA

Zip Code

90402-3121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 10 / 2014

Transaction ID : 33B39720D2C3D707E51

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Richard E. Hammond

Mailing Address 950 Camino del Rio

City

Santa Barbara

State

CA

Zip Code

93110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 01 / 2014

Transaction ID : 6B2392330DE11FF8FD4

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Raymond M. Handler

Mailing Address 4022 Rutgers Ln

City

Northbrook

State

IL

Zip Code

60062-3012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 01 / 2014

Transaction ID : 45B30A2B004C6F9A30B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Shannon I. Heck

Mailing Address 4160 N 55th Pl

City

Phoenix

State

AZ

Zip Code

85018-4525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest Skin Specialists

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 07 / 2014

Transaction ID : F11C7269BDC17A916E5

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Sharon L. Horton

Mailing Address 1049 E Wilson St
Ste 190

City

Batavia

State

IL

Zip Code

60510-2478

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advanced Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 01 / 2014

Transaction ID : 6E3EECDEB02B6CEF05C

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Catherine Madeline Hren

Mailing Address 107 Crimmons Cir

City State Zip Code
 Cary NC 27511-5553

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cary Dermatology Center

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 29 / 2014

Transaction ID : 8D64CEBDC4F97026AB9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Tony M. Hsu

Mailing Address 7672 Amazon Dr
 Apt 2

City State Zip Code
 Huntington Beach CA 92647-8623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 16 / 2014

Transaction ID : 73AB2E9D3D46E126725

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mark D. Kaufmann

Mailing Address 21 E 90th St

City State Zip Code
 New York NY 10128-0654

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

04 / 26 / 2014

Transaction ID : FF935AC1-3FC6-4DE3-

Amount of Each Receipt this Period

1001.00

SUBTOTAL of Receipts This Page (optional)..... ►

2251.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Arianne Shadi Kourosh

Mailing Address 4 Emerson Pl
Apt 314

City State Zip Code
Boston MA 02114-2277

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massachusetts General Hospital

Occupation
Dermatology Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 24 / 2014

Transaction ID : 198E19B415D5FDB705B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kent Jerome Krach

Mailing Address 4431 Dow Ridge Rd

City State Zip Code
Orchard Lake MI 48324-2323

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Skin Cancer Surgery Center

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

04 / 21 / 2014

Transaction ID : E8AE674C17B12018634

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Valerie B. Laing

Mailing Address 834 Gaston Wood Ct

City State Zip Code
Raleigh NC 27605-1403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laing Dermatology and Skin Cancer Cent

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 24 / 2014

Transaction ID : CEF03034F6588DD2D2E

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

2865.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Matthew J. Larson

Mailing Address 16421 Pine St

City State Zip Code
 Minnetonka MN 55345-1843

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dermatology Consultants

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 29 / 2014

Transaction ID : 2A42082C0ADDC779551

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kristyna H. Lee

Mailing Address 9801 Conestoga Way

City State Zip Code
 Potomac MD 20854-4713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Dermatologists & Dermatolog

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 08 / 2014

Transaction ID : E47E515FCBF1A17DE21

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Henry W. Lim

Mailing Address 7 Elmsleigh Ln

City State Zip Code
 Grosse Pointe MI 48230-1902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 01 / 2014

Transaction ID : 25A9AB20D1BB66E75DA

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Mark A. Liska

Mailing Address 37 Edgerton Drive

City

North Falmouth

State

MA

Zip Code

02556

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dermatology of Cape Cod

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 16 / 2014

Transaction ID : 51CF9CA3CAB6467F061

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Theresa T. Magne

Mailing Address 3621 E Woodland Dr

City

Phoenix

State

AZ

Zip Code

85048-7331

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Valley Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 15 / 2014

Transaction ID : 60E22CF3089F6696867

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Joseph M. Walters

Mailing Address 10685 Larson Ln

City

Rolla

State

MO

Zip Code

65401-8108

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Dermatology Center, LLC

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 30 / 2014

Transaction ID : 59D41327CE179126F07

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Elizabeth Shannon Martin

Mailing Address 861 Tulip Poplar Dr

City State Zip Code
 Hoover AL 35244-1639

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Pure Dermatology & Aesthetics, PC

Occupation
 Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : 5A26E0FBD37C77DA8E4

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Barbara M. Mathes

Mailing Address 189 Ash Way

City State Zip Code
 Doylestown PA 18901-2203

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Physican

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 24 / 2014

Transaction ID : 7A531F1D3CD6330E5FF

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. C.G. Toby Mathias

Mailing Address 539 Laramie Trl

City State Zip Code
 Wyoming OH 45215-2503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tri Health

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 14 / 2014

Transaction ID : 664FA86D59E0E09F68E

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Julie Anne Moore

Mailing Address 191 N. Oak Street

City

Elmhurst

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moore Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2014

Transaction ID : CE2D9DE5D573873A6BF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Eliot N. Mostow

Mailing Address 839 Robinwood Hills Dr

City

Akron

State

OH

Zip Code

44333-1549

FEC ID number of contributing
federal political committee.

C

Name of Employer

Akron Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

04 / 28 / 2014

Transaction ID : 21F02E8383D41BDC09B

Amount of Each Receipt this Period

251.00

Full Name (Last, First, Middle Initial)

C. Phyllis K. Murphy

Mailing Address 418 Saint Andrews Dr

City

Belleair

State

FL

Zip Code

33756-1935

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 08 / 2014

Transaction ID : 47911E3AE17062E7EAA

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1001.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Joseph W. Musgrave Jr.

Mailing Address 112 Pinepoint Rd

City

Williamsburg

State

VA

Zip Code

23185-4436

FEC ID number of contributing
federal political committee.

C

Name of Employer

Williamsburg Dermatology, Inc

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

Transaction ID : CC9D28842FD46FC4E48

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Fred M. Novice

Mailing Address 7456 Paddle Wheel Ct

City

Bloomfield Hills

State

MI

Zip Code

48301-3700

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

Transaction ID : CA817D540B30F3B4E6D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Eugene J. Nowak

Mailing Address 3036 Calle Valeria

City

Jamul

State

CA

Zip Code

91935-3110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nowak Aesthetics

Occupation

Dermatologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	4

Transaction ID : E278436CB588CB64714

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

865.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Elise Olsen

Mailing Address 109 Carolina Forest Road

City State Zip Code
 Chapel Hill NC 27516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dept of Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 18 / 2014

Transaction ID : 685C4D3F10AA41B594A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Lindall A. Perry

Mailing Address 1213 Bradshaw Ave

City State Zip Code
 Columbia MO 65203-0807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbia Dermatology Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 21 / 2014

Transaction ID : C4B30D3A68C1FD7A4DA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Christopher M. Peterson

Mailing Address 400 Mills Ave
 Unit 425

City State Zip Code
 Greenville SC 29605-4187

FEC ID number of contributing
federal political committee.

C

Name of Employer

Professional Park on Cleveland

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 24 / 2014

Transaction ID : A2943887E7BCE678CFE

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1615.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 41
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Christine Poblete-Lopez

Mailing Address 37827 Briar Lakes Dr

City State Zip Code
 Avon OH 44011-2190

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Cleveland Clinic Foundation

Occupation
 Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : E68CEE770FE0AC55851

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Stephen M. Purcell

Mailing Address 4701 South Mountain Drive

City State Zip Code
 Emmaus PA 18049

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Advanced Dermatology Associates LTD

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : 4EBCB5E637837327E5A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Hobart K. Richey

Mailing Address 443 Anchorage Dr

City State Zip Code
 Nokomis FL 34275-3102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation
 Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : 5042EA0A56311FD043F

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Matthew R. Ricks

Mailing Address 5316 SW 40th Ter

City

Topeka

State

KS

Zip Code

66610-2409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stormont-Vail HealthCare

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

04 / 25 / 2014

Transaction ID : 45A6A4ECAB133D529120

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Patricia K. Roddey

Mailing Address 2112 Wellesley Ave

City

Charlotte

State

NC

Zip Code

28207-2444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mecklenberg Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 16 / 2014

Transaction ID : 26C1846F08983E4D933

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Bryan D. Sands

Mailing Address 3812 Pheasant Ln

Attn: Linda

City

Waterloo

State

IA

Zip Code

50701-5200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dermatology Associates

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 01 / 2014

Transaction ID : 43DDEFC0-5EE9-46AB-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

833.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 41
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Sheldon Sebastian

Mailing Address 6504 W 106th St

City

Overland Park

State

KS

Zip Code

66212-1882

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dermatology & Skin Cancer Center

Occupation

Dermatologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : 631DCD89A218EC70815

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Robert S. Shapiro

Mailing Address PO Box 11435

City

Hilo

State

HI

Zip Code

96721-6435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	14	/	2014

Transaction ID : 8DEB6CD1AC8646C4833

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Adam A. Sills

Mailing Address 2909 Patricia Dr

City

Jonesboro

State

AR

Zip Code

72404-8016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sills Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2014

Transaction ID : 58EC9687D7B0F3BF12E

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1230.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Marc A. Silverstein

Mailing Address 11720 Hollenbeck Way

City State Zip Code
Gold River CA 95670-8311

FEC ID number of contributing
federal political committee.

C

Name of Employer

MSSMB, Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 16 / 2014

Transaction ID : D5C9FD9CE9516E8B002

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David Allen South

Mailing Address 16 Oak Tree Ln

City State Zip Code
Aptos CA 95003-9577

FEC ID number of contributing
federal political committee.

C

Name of Employer

California Skin Institute

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 01 / 2014

Transaction ID : FD21E15216627B7DA1C

Amount of Each Receipt this Period

251.00

Full Name (Last, First, Middle Initial)

C. Sabra Sullivan

Mailing Address 242 Hidden Oaks Dr

City State Zip Code
Ridgeland MS 39157-7000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dermatology Associates, LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 07 / 2014

Transaction ID : DFAA00633AA0C622729

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

851.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Dwight R. Tribelhorn

Mailing Address 1085 Kristen Dr

City

Medford

State

OR

Zip Code

97504-8516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dermatology Assocs of Medford

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 28 / 2014

Transaction ID : 13C6DF4F9C3A7517894

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Jennifer L. Vesper

Mailing Address 2171 Oceanview Dr

City

Tierra Verde

State

FL

Zip Code

33715-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverside Medical Center

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 30 / 2014

Transaction ID : DCAA8D64433B6EC32A8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Diane Walder

Mailing Address 1111 Kane Concourse

City

Bay Harbor Islands

State

FL

Zip Code

33154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 30 / 2014

Transaction ID : A7804043266BDC73471

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1265.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. James R. Watt

Mailing Address 2705 Hampton Bridge Rd

City

Delray Beach

State

FL

Zip Code

33445-7134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dermatology Center

Occupation

Dermatologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 30 / 2014

Transaction ID : 4185B9CF2B4816A20D2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Rita Weinstein

Mailing Address 51 Yorktown Rd

City

East Brunswick

State

NJ

Zip Code

08816-3305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 28 / 2014

Transaction ID : 3C58B7EEAD11EEB827F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. J. Luke Welch

Mailing Address 4110 Hartfield Dr

City

Columbia

State

MO

Zip Code

65203-0505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbia Dermatology Inc

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 08 / 2014

Transaction ID : 342DC2B7FC300849ED2

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Schield M. Wikas

Mailing Address PO Box 3027

City

Cuyahota Falls

State

OH

Zip Code

44223-0327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tri County Dermatology Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 21 / 2014

Transaction ID : AC5C3B09B2E7FA2E203

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David T. Woodley

Mailing Address 2069 Midlothian Dr

City

Altadena

State

CA

Zip Code

91001-3411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Southern California

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 07 / 2014

Transaction ID : B32BA789BC2D0E2D4C4

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Saryna Putman Young

Mailing Address 54 Bruce Park Dr

City

Greenwich

State

CT

Zip Code

06830-7202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Westchester Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

04 / 25 / 2014

Transaction ID : 4B72B072E39A11BF6E02

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

583.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Beverly M. Zak

Mailing Address 1123 Lipscomb Dr

City

Nashville

State

TN

Zip Code

37204-4121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heritage Medical Associates

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2014

Transaction ID : DFE575FB-128E-4002-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

39296.66

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Amex Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 03 / 2014

Transaction ID : V3A5D1DB028BFA8B6EB4

Amount of Each Disbursement this Period

876.34

Full Name (Last, First, Middle Initial)

B. Merchant Services

Mailing Address PO Box 6603

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement
VS/MC Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 03 / 2014

Transaction ID : VF2FCE2EF52B8055CD7C

Amount of Each Disbursement this Period

944.45

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1820.79

1820.79

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Bilirakis for Congress

Mailing Address PO Box 606

City
Tarpon SpringsState
FLZip Code
34688-0606Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Gus Michael BilirakisOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2014

Transaction ID : 102097A23907AE3FF2A

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Billy Long for Congress

Mailing Address 3246 E. Ridgeview Street

City
SpringfieldState
MOZip Code
65804Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

William H. Long IIOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2014

Transaction ID : C8B65CF3F9671A620E4

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Linda SanchezMailing Address 410 1st St SE
Suite 310City
WashingtonState
DCZip Code
20003Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Linda T. SanchezOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 38

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2014

Transaction ID : F25C6AD516123EA98ED

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Every Republican Is Crucial (ERICPAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2014

Mailing Address 25 E Main Street
Suite 200

City Richmond State VA Zip Code 23219-2109

Purpose of Disbursement
2014 Contribution

011

Transaction ID : 17DE5A8B2DEEFD3E77E

Amount of Each Disbursement this Period

2500.00

Candidate Name

Every Republican Is Crucial (ERICPAC)Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

Contribution

State:

District:

Full Name (Last, First, Middle Initial)

B. Friends of Dan Maffei

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2014

Mailing Address PO Box 230

City Syracuse State NY Zip Code 13201

Purpose of Disbursement
2014 Primary

011

Transaction ID : 4E8AE86383549A9B660

Amount of Each Disbursement this Period

2500.00

Candidate Name

Daniel Benjamin MaffeiCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 24

Full Name (Last, First, Middle Initial)

C. Friends of Dave Joyce

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2014

Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143-3710

Purpose of Disbursement
2014 Primary

011

Transaction ID : B0B27081C0BA01B59C3

Amount of Each Disbursement this Period

2500.00

Candidate Name

David P. JoyceCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: OH

District: 14

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Full House PAC

Mailing Address PO Box 530520

City	State	Zip Code
Henderson	NV	89053

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Full House PACCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

Transaction ID : 2BA9F456878AA6A4EE4

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Georgians for Isakson

Mailing Address Post Office Box 250116

City	State	Zip Code
Atlanta	GA	30325

Purpose of Disbursement
2016 General

011

Candidate Name

Johnny IsaksonCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: GA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Transaction ID : 39E990D3CD98569A595

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Georgians for Isakson

Mailing Address Post Office Box 250116

City	State	Zip Code
Atlanta	GA	30325

Purpose of Disbursement
2016 General

011

Candidate Name

Johnny IsaksonCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: GA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Transaction ID : 9C0C517186018B8FEBA

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Guthrie for Congress

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102-9639

Purpose of Disbursement
2014 General

Candidate Name

S. Brett GuthrieOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2014

Transaction ID : 37EDF63FB98D7FBEA94

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Lee Terry for Congress

Mailing Address PO Box 540098

City	State	Zip Code
Omaha	NE	68154-0098

Purpose of Disbursement
2014 Primary

Candidate Name

Lee TerryOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2014

Transaction ID : EF61ACB847E1353D45C

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Maloney for Congress

Mailing Address 49 East 92nd St

City	State	Zip Code
New York	NY	10128

Purpose of Disbursement
2014 General

Candidate Name

Carolyn B. MaloneyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2014

Transaction ID : CB1E063AB3C93E676E0

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Marsha Blackburn for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

Mailing Address PO Box 3750

City	State	Zip Code
Brentwood	TN	37024-3750

Transaction ID : 0C47868FBB1D65578DBPurpose of Disbursement
2014 General

011

Amount of Each Disbursement this Period

2000.00

Candidate Name

Marsha BlackburnCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 07

Full Name (Last, First, Middle Initial)

B. McKinley for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		23		2014

Mailing Address PO Box 642

City	State	Zip Code
Morgantown	WV	26507

Transaction ID : 0E6CF44E868051887D7Purpose of Disbursement
2014 Primary

011

Amount of Each Disbursement this Period

2000.00

Candidate Name

David B. McKinleyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 01

Full Name (Last, First, Middle Initial)

C. Michigan First PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Mailing Address 901 N Washington Street
Suite 700

City	State	Zip Code
Alexandria	VA	22314-1535

Transaction ID : 47E7AD9DD82E1E543BFPurpose of Disbursement
2014 Contribution

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Michigan First PACCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Texans for Senator John Cornyn Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		23		2014

Mailing Address PO Box 13026

City	State	Zip Code
Austin	TX	78711

Transaction ID : 63837F4E684B11ECE63

Purpose of Disbursement
2014 General

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

John Cornyn III

Category/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX

District:

Full Name (Last, First, Middle Initial)

B. Tim Murphy for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Mailing Address PO Box 24551

City	State	Zip Code
Pittsburgh	PA	15234

Transaction ID : 4010E4A42AB428CFCE0

Purpose of Disbursement
2014 Primary

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Timothy F. Murphy

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 18

Full Name (Last, First, Middle Initial)

C. Tom Reed for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Mailing Address PO Box 391

City	State	Zip Code
Geneva	NY	14456-0391

Transaction ID : B26039E5014805D3F37

Purpose of Disbursement
2014 Primary

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Thomas W. Reed II.

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 23

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Trust PAC Team Republicans for Utilizing Sensible Tactics

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		23		2014

Mailing Address 228 S. Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2014 Contribution

011

Transaction ID : E8AFB531B6A52A683EC

Amount of Each Disbursement this Period

5000.00

Candidate Name

Trust PAC Team Republicans for Utilizing Sensible TacticsCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

Contribution

State: District:

Full Name (Last, First, Middle Initial)

B. Walden for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031-0037

Purpose of Disbursement
2014 Primary

011

Transaction ID : E7FEC28DCFB7C9670A2

Amount of Each Disbursement this Period

1500.00

Candidate Name

Gregory P. WaldenCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 02

Full Name (Last, First, Middle Initial)

C. Walden for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031-0037

Purpose of Disbursement
2014 General

011

Transaction ID : B36CA4A2FD09BA3708C

Amount of Each Disbursement this Period

3500.00

Candidate Name

Gregory P. WaldenCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District: 02

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Walorski for Congress Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

Mailing Address PO Box 954

Transaction ID : DBFF4AC85421BC82CDF

City	State	Zip Code
Mishawaka	IN	46546-0954

Amount of Each Disbursement this Period

Purpose of Disbursement
2014 Primary

011

1000.00

Candidate Name

Jacqueline WalorskiCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 02

Full Name (Last, First, Middle Initial)

B. Walter Jones Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		23		2014

Mailing Address PO Box 3962

Transaction ID : 8B37BA6929C3760761C

City	State	Zip Code
Greenville	NC	27836

Amount of Each Disbursement this Period

Purpose of Disbursement
2014 Primary

011

2500.00

Candidate Name

Walter B. JonesCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 03

Full Name (Last, First, Middle Initial)

C. Westmoreland for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Mailing Address PO Box 458

Transaction ID : B7C4013F270AD1BD531

City	State	Zip Code
Sharpsburg	GA	30277

Amount of Each Disbursement this Period

Purpose of Disbursement
2014 Primary

011

-1000.00

Candidate Name

Lynn A. WestmorelandCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 03

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

PAGE 41 OF 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Wyden for Senate

Mailing Address 232 NE 9th Avenue

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement
2016 Primary

011

Candidate Name

Ron Wyden

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: OR

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2014

Transaction ID : 0A3DFECF9CE4EF35689

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

46500.00